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Communications.

DRY BURNS AND HOW TO TREAT THEM.

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In these oil regions, where thousands of barrels of hydrocarbons, and perhaps tens of thousands of cubic feet of highly inflammable gas are forced from the bowels of the earth every day, terrific explosions and frightful conflagrations, often inflicting severe burns, alike upon visitors and operatives, are phenomena of frequent occurrence.

Nowhere has the physician a better opportunity to study the therapeutic value of the remedies applied to these painful and often dangerous wounds, and nowhere can he better demonstrate to suffering humanity the practical value of the healing art, when judiciously applied.

When called to a patient who has been either slightly or severely burned, the indications manifestly are, first, to relieve the sufferer's agonizing tortures, which are often so severe that he will pay no attention to any remark addressed to him, but continue to walk rapidly back and forth, uttering lamentations, blowing his hands, or flinging them frantically through the air; second, to assist nature in rallying the patient from the severe nervous shock he has just sustained; and third, to put and keep him in the best hygienic condition to favor the healing of the wounds.

Luckily, there is a long list of useful remedies, some of which are always at hand, such as flour, meal, dry starch, fats, oils, eggs beaten up, glycerine, raw cotton, or any oleaginous or other substance, unsalted butter or cream, anything not acrid that will make an impervious coating sufficient to protect the tender nerves of the excoriated and congested surface from the air.

We unhesitatingly give the preference to carbolic acid and glycerine, in the proportion of from five to ten drops of the former thoroughly incorporated with two ounces of the latter, spread on with a camel's hair, or other light brush, then a layer of raw cotton, over which a roller bandage is neatly adjusted to the parts, and the dressing is finished.

The exhibition of from a fourth to half a grain of the sulphate of morphia, as early as practicable, has, in our hands, been productive of decidedly beneficial results.

On the night of April 1st, Mr. W., an engineer, went to the jet of the pipe that conducted the gas from the well to the fire pan, with the intention to light it; as he turned the valve there occurred a tremendous explosion, prostrating him to the floor, enveloped in a sheet of flame. Though it was all over in an instant, yet so great was the force of the explosion that Mr. W. sustained a frightful burn. The patient ran straight for my office. So great was the suffering that he would neither sit nor stand still, but continued to walk about the floor, blowing and slinging his hands, and I was obliged to apply my dressing as best I could. I used the carbolic acid and glycerine, a layer of raw cotton and a roller bandage. Soon he became quiet, sat down and said he felt easier. By the time I had finished the dressing the pain had ceased, and he left my office with the remark that he felt fifteen dollars better. A similar result has followed the use of the above remedy so often, that I am satisfied with its efficacy in superficial dry burns. I have less experience with its use in scalds, but do not hesitate in using it, whether the wound be deep or superficial.

On Monday morning, April 18th, 1870, the workmen on the late flowing Armstrong well, near Queenstown, in this county, reached a crevice in what is known as the third sand rock, at the depth of 1,263 feet, from which issued a stream of oil that rushed with great violence, far up into the air. While they stood gazing upon this welcome yet unexpected phenomenon, the gas accumulated around them, spreading further and further, till it reached the unobserved, smouldering fire of the forge—then there was a flash—the earth trembled—the roof of the derrick and the engine-house had bodily disappeared—"vanished into thin air," and instead, there stood a magnificent column of fire and smoke, the latter rising thousands of feet into the still air. Those curling, leaping billows of fire were grand beyond description. We never witnessed a wilder, grander sight.

The contractor, M. E. Swan, Byron Swan, John L. Walby and Master Clarke (the latter a visitor), were in the building at the time of the explosion. They were all hurled to the earth with great violence, and how they escaped instant death borders on the miraculous. They were all severely burned, however. Their faces, necks, hands, and arms—wherever the skin was not protected by natural or artificial covering—it was either crisped, torn to shreds, or carried away by the force of the explosion. All this occurred as quickly as if done by a flash of lightning.

Surgical aid was summoned as speedily as possible. The parts were thickly coated over with white lead. This coat, together with the skin, soon sloughed off, except where the burn was less severe or the skin already gone. A mixture of lime water and oil was then applied, but the pain occasioned by this dressing was too severe to be endured, and on removing it the blood ran down and dropped from the elbows.

On the seventh day from the accident, two of these patients fell into my hands for treatment. I found them tumefied almost beyond recognition, feverish, pulse accelerated, and tongue thickly coated. They were full of agonies in mind and body, and had scarcely slept a wink for several nights, so great was their suffering.

I at once removed the bandages, and found a raw, highly congested and suppurating surface, that a sheet of foolscap paper would hardly more than cover. With a soft brush and a basin of tepid water, I cleansed the parts by washing away a large quantity of lymph rapidly undergoing decomposition, and emitting an offensive smell. This done, I dusted half a grain of the sulphate of morphia over the raw surface, and cut into sections, to fit closely, bits of patent lint, nicely spread with an ointment according to the following:

℞. Yellow wax melted and strained, f.℥j.
Linseed oil—raw, f.℥iij.
Tannin, ℥j.
Subnitrate of bismuth, ℈j.

Mix as follows: Heat the wax in a clean tin vessel, add the oil and stir till they are thoroughly incorporated, then set off of the fire and continue to stir till cold, adding first the tannin, and lastly the bismuth.

This makes an admirable dressing, at once free from all offensive odors, does not become rancid, is not sticky, does not dry nor adhere to the parts. The patient experienced great relief the minute it was applied, and slept soundly in less than ten minutes after the application. This dressing was repeated night and morning, after cleansing the parts thoroughly, as before. On removing the bandage on the second day, the matter ran in a stream from the elbows.

On the third day the character of the wound was entirely changed. The lymph was thicker, less abundant, and spread evenly over the surface. The odor was less offensive, and healthy granulations were springing up around the margins and even in the middle of the sores.

In due time a saline cathartic was administered, the patients put in the best attainable hygienic condition, the parts being kept scrupulously clean, and as might be expected, a speedy and complete recovery was the result. Both patients were treated substantially alike, with very similar results, though the older, Swan, had his sleeves rolled up at the time of the accident, which secured for him a little the greater extent of excoriated surface.

On the ninth day of the above treatment I dismissed both patients with no further marks than a slight discoloration of the skin, showing the extent of the burn.

I prefer the patent lint; it should be cut in sections to fit the parts. Applied warm, the above mixture produces an agreeable sensation. Morphia was used only two or three times on the raw surface. Tannin was sprinkled on the sores at each dressing when it was thought best to do so.

INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Of Philadelphia.

(*Continued from page* 6.)

Illumination.

Indispensable for the successful pursuit of rhinoscopy, is a good strong light; indeed, it is more necessary in this than in any other form of instrumental exploration, unless, perhaps, we may except endoscopy. In both cases the area of illuminated space is comparatively (in consequence of the limited mirror surface available) very small, and therefore it is essential to make up in intensity what is lost in quantity, by having recourse to artificial means of illumination. Sun light, when bright and clear, is in all cases preferable to the light from any other source when we are compelled to employ optical instruments to assist our vision. It is the light under which our habitual experience has taught us to recognize certain physical properties of objects, as color, &c., with such unvarying constancy, that they are established as the standard, or type, of what we regard as normal or natural; and any appearance different from this standard, on the other hand, being considered as a deviation from the natural state; hence it is, that we may be deceived if the circumstances under which we have been accustomed to view objects be altered, that is, if instead of sunlight, for instance, the yellowish reflex of an oil lamp is the source of light, very considerable deviation in appearance, from what is habitually observed as natural may be presented, the changes not being real, but only apparent. For this reason, therefore, we say that sunlight is always to be preferred, when we can command it in proper quantity and direction, but the exigencies of medical practice, are such that the inconveniences attending its employment, will in great measure compel us to employ a substitute, always accessible in the form of some sort of a lamp. Besides, with some amount of experience, errors originating in differences of appearances, from the different colored light may be practically overcome, inasmuch as the eye may be taught to recognize what is, and what is not, natural under the altered conditions of observation. Indeed, we are not necessarily compelled to have recourse to this sort of mental training, for glass chimneys of every tint, may be readily obtained, so that we are quite independent, as far as this is concerned, and can command whatever color we choose under which to view an object. I have experimented with these colored glass chimneys, but have found them to possess no advantages for rhinoscopic examination.

We can employ sun light if our offices and consulting rooms be favorably situated, so that the rays may stream in at the window, though the time this can be done is limited to that part of the day when the sun has but moderate altitude, and the light comes in horizontally, or nearly so. It has been suggested that in order to render ourselves independent of the altitude of the sun, a mirror be fastened to the outside of the window frame, which would throw a beam of light into the room, that might be received upon another mirror, and thus transfered into the throat in any desired direction, the second reflection at the same time conferring a more desirable degree of softness upon the light.

Of course the ordinary diffused light of a room would be manifestly insufficient for our purpose with any form of optical instrument; and we are, therefore, compelled to pursue the course already indicated, or employ some form of lamps, of which many sorts have, from time to time, been brought to the notice of the profession. We shall not consider here the advantages or disadvantages of these, but will defer the matter until we come to speak of laryngoscopy; but once for all we shall venture the general remark that we have found nothing answer our purpose better than the ordinary gasalier arranged with an Argand burner.

We have frequently employed the cheap, portable, and efficient light condenser devised by Dr. Oliver. It may be used in connexion with most any sort of lamp, in the same manner as the light concentrator of Dr. Morell Mackenzie. With its aid we can either use direct light, or receive the light upon a reflector, and throw it upon the throat mirror; there is also a little mirror attached to this apparatus, which will enable the observer to practice auto-rhinoscopy. The entire apparatus is shown in the adjoining cut (Fig. 5) fixed upon an ordinary oil lamp, but it may be used in connexion with any other form, in the following manner: The cord upon which the hooks are hung, is tied around any portion of the lamp or gas stand, below the part upon which the Lantern is to rest, and the hooks

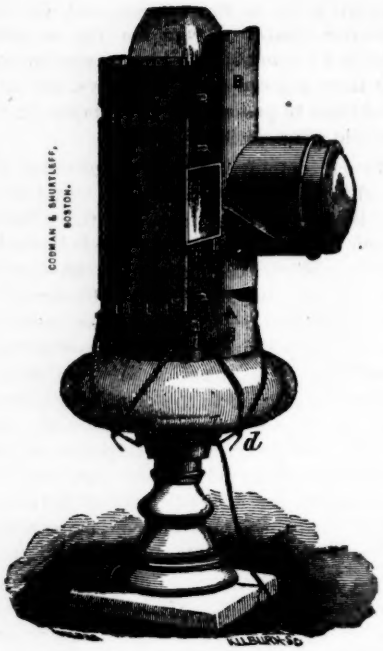

FIG. 5.—OLIVER'S LIGHT CONCENTRATOR.

are placed at equal distances from one another. The wings are then locked together at the desired point, and fixed there, by passing the second cord back and forth a few times between the "belaying pin" on the wing and the one on the left side of the front main piece. The diameter given to the lantern must, of course, vary with the shape of the body of the lamp or stand to be used, and the size of the chimney. After thus locking the lantern, it is placed in position upon the lamp, and made firm there, by carrying the cord used in making the wings fast, from "belaying pin" and hook, and *vice versa*, round and round the lantern until sufficient stability is secured. The slide to which the lens-tube is attached is then to be raised or lowered, if necessary, until the lens is on a level with the flame. Next, the lens is to be placed at the focal distance from the flame, namely: three inches, by estimation, measuring from the flame to the centre of the convex or outer surface of the lens.

The flames best suited for use with all light concentrators are those which are protected with glass chimneys, such as the kerosene lamps and argand gas burners. Occasionally a lamp or fixture will be found, such as the German study-lamp and some of the fish-tail gas burners, which has no adequate support for the lantern; in such cases it is an easy matter to extemporize a support by means of a piece of pasteboard, from the central portion of which a hole should be cut just large enough to enable the board to bring up at some projecting portion of the lamp below the flame. In this way the lantern can easily be attached to an ordinary candlestick.

The reflector employed in concentrating the light upon the pharyngeal mirror may be connected with the head of the observer, be attached to the table, borne upon an upright, or connected by an arm to any of the lamps; Tobold's or Lewin's are commonly employed, in laryngoscopic examinations. In office practice, the fixed form of the reflector is always employed by the author, and he believes it is now generally adopted in this country. The other plan has, however, certain advantages, and should not be neglected.

In all rhinoscopic and laryngoscopic explorations we cannot too highly prize the conveniences in all cases, and the indispensableness in some, of having the hands unembarrassed with the illuminating apparatus; and this has been one of the greatest improvements in the construction of such appliances. Czermak's mirror was so arranged that it might either be held in the hand by the metallic stem attached to it or in the mouth, the end of the stem being mounted with a piece of wood for that purpose, which can be held betw een the molar teeth of either side. The mirror was flat or concave, circular, with a diameter of three to four inches, and a focal distance of eight to twelve inches. This arrangement, it is true, enabled the observer to keep the light steadily illuminating the throat by following any motions of the patient's head, at the same time it liberates his hands for the use of instruments; but it must be confessed that it is by no means the most convenient one, to say nothing of the unpleasantness of having to keep the masseter muscles in sustained action to retain the wooden peg between the teeth, nor the disadvantage of not being able to communicate with the patient by speech, which may in certain cases become requisite. Czermak had also suggested the attachment of the mirror to a band passing around the forehead (Kramer's frontal bandage), which, in the author's opinion, was a much more convenient and efficient arrangement than the one he subsequently adopted, of sustaining the mirror in the mouth.

The annexed cut (Fig. 6) shows an improved plan of frontal band and mirror attachment.

Fig 6—FRONTAL BAND.

It consists of the usual concave reflector, three inches in diameter and twelve inches focus, connected by means of a ball and socket, as suggested by Mason, with a broad metallic slip, five or six inches in length, curved and well padded to fit the forehead. The extremities of the metallic strip have connected with them an elastic band for the purpose of supporting the mirror upon the forehead. The reflector is thus movably connected with the observer's head, and obeying every movement of it, can be easily deviated so as to steadily illuminate the throat. According to the plan advised and practiced by Semeleder, the mirror is connected with the frame of a pair of spectacles, in such a manner as to support it steadily before the eye. This arrangement is shown in Fig. 7. The spectacle-frame has on the bow a small brass plate, upon which a second may be screwed. Both together form the shell of a small steel nut, which is fastened by a short stem to the back of a glass mirror, three inches in diameter, and twelve inches focus, not far from its edge. At the middle point of the mirror the coating is removed from a space about as large as a small lens, and through this spot the observation is made. Moreover, the spectacle is so arranged that lenses adapted to myopic or presbyopic observers may be easily inserted in the setting. This mirror, by means of the described ball and socket joint, is within certain limits, movable in three directions, and can be turned as to be used by either eye. The observer must look through the opening in the mirror, hence with that eye before which the mirror is placed, for thus he looks exactly in the direction of the axis of the eyes; that is to say, under the most favorable circumstances, for precisely those parts which the mirror reveals will be most strongly illuminated. The author, from personal experience of the comfort and utility of Semeleder's arrangement, can recommend it, as in his opinion the best, next to the method in which the mirror is fixed in connection with the lamp. The inventor judiciously remarks in regard to it, that the successful use of his reflector requires some practice, as the movement between the mirror and spectacle frame is limited in a horizontal direction, from the nature of the mechanical construction, especially when the stem connecting them is short it will be generally necessary to stand the light upon the left of the observer, when he is to look with his right eye,

FIG. 7.—SEMELEDER'S MIRROR.

and *vice versa*. He also found it serviceable to place the light higher than the eye of the observer, and the mouth of the individual to be examined, partly because the uncovered eye will not then be blinded with the direct rays from the lamp, and partly because in rhinoscopy one has often to use both hands before the mouth of the patient, and with a lower position of the lamps it would easily happen that one hand might come between the lamp and the illuminating mirror, and thus cut off the light from the latter. We have tried in the Fig. 7 to give all these details of arrangement.

Bruns has proposed to fix the reflector in front of the nose and mouth, and indeed in any of the above positions the observer can make good observations, although not with equal ease, comfort, and certainty. Theoretically that position is best in which the eye is in the line running through the center of the cone of light from its apex to the base, as it is in Czermak's and Semeleder's arrangements.

The foregoing instruments will furnish the physician with a simple, cheap, and efficient means for rhinoscopic exploration, and, in the majority of cases, all he will require. Special contrivances have been invented for the same purposes, and may be found described and figured in the more elaborate treatises on this subject—of these may be simply mentioned the rhinoscope of Czermak, Voltolini, and Störk; they are rather objects of curious interest than of any practical value. If the physician hope to make any progress in the rhinoscopic art, it will not be dependent so much upon the sort of instruments he may furnish himself with, as upon his perseverance and industry in seeking every opportunity to examine others, so as to become perfectly familiar both with the normal and the pathological appearances of the posterior nares and pharynx. His progress will also be much facilitated by studying his own nares auto rhinoscopy, which can be done readily by sitting opposite a strong light, then with the pharyngeal mirror held in the throat by his right hand, and a common hand-glass in his left to receive the image reflected exteriorly, he may proceed with his observations at leisure. Of course, we are supposing that his velum hangs well forward when the mouth is opened, and is not irritable, and he has sufficient control over the base of his tongue to hold it low down in the pharynx. If these conditions do not exist, he will have to support the hand-glass upon the table before him, and then, with the hand liberated, employ the spatula to keep the tongue depressed; after some practice, the velum may be brought under sufficient control as not to give any trouble. Some of the larger instruments have a mirror connected with them for auto-laryngoscopy, and it will answer perfectly for auto-rhinoscopy also.

Proceeding in this way, we can gain a rapid familiarity with the subject, and very soon will be enabled not only to get a good view of the posterior rhinal cavity, but may also, with confidence and certainty, address our instruments to diseased structures under the guidance of the eye.

We may sometimes be compelled to give our patients some little instruction, that they may themselves assist us in certain cases, when we require to be freed from the charge of the tongue depressor to employ that hand with some other instrument—the knife or forceps, as the case may reqnire. If the patient be unable to manipulate the depressor, then some expedient must be had recourse to, with a view of meeting the difficulty. It has been suggested to combine the two instruments, mirror and spatula, in one instrument, as has been done by Morell Mackenzie, who adopted a spatula with a grooved blade, in which the stem of the pharyngeal mirror moved, so that it can be shoved a shorter or longer distance into the pharynx, according to the distance of the posterior wall of the pharynx from the mouth. He observes that where the palate hook can be tolerated, this combination of tongue depressor and mirror will be found useful. Dr. Voltolini, of Breslau, also employs, in certain cases, a spatula and mirror combined, or slides upon the stem of the ordinary mirror plates of vulcanized rubber of various sizes, which may serve the purpose of a depressor. By some of these expedients, the surgeon will be able to reserve his right hand for operating with the knife or caustic.

To facilitate still more operative manipulations, Dr. Wagner recommends a wire, bent into the shape of a hook, to catch upon the palate, the two extremities of which, projecting from the mouth, may be bent above the upper lip and fastened to the nose. Others have employed a palate hook connected by a thread to a frontal strap, or the noose of Türck, already described. We should not forget, also, to mention, by way of suggestion,

the plan of Czermak, to sustain the velum drawn forward by means of a spring passed through the anterior nares. The author has been making some experiments in this direction, and he believes that ultimately the purpose may be successfully accomplished. By properly constructed nasal specula, the anterior nares may be thoroughly dilated, and a better chance thereby given, both for the consummation of the hopes of Czermak, and for the better illumination of the pharynx by light thrown through the nostrils. In fact, an attempt has been made in this direction; a mirror having been placed preliminarily in the pharynx, in which the image of the turbinate bones and meatuses are formed, and may be seen from the anterior nasal openings, but as yet no important result has followed from the experiments performed up to the present time. Wagner also endeavored to get a view of the floor of the nares by employing double mirrors, placed in the pharyngeal cavity, and the throat illuminated in the usual manner; that is, the light falling upon the first, or lower mirror, is transferred to the second, and by this latter reflected upon the nasal floor, an image of which is formed first in the upper mirror, then in the lower one, from which it finally reaches the eye of the observer. The light, however, employed in this way, is too feeble, with the small mirrors used, to give a satisfactory result, even if the upper mirror is illuminated through the nostrils, which gives a better image; but it is still too dim to give any definite impression of the condition of the parts observed.

Before closing what we have to say on the instruments required in rhinoscopy, it will be proper to call attention to the fact that there is an anterior as well as a posterior rhinoscopy, which in certain cases may be had recourse to with great advantage. Dr. Markusovszki invented a speculum for this purpose, resembling, in its mode of construction, an ear speculum with two compartments; but its size is much greater, and the divisions are larger and flatter, With this instrument, and a concave mirror to illuminate the nasal apertures, Czermak has been able to inspect the inferior turbinate bone and its free border, which passes to the extent of seven-twentieths of an inch above the floor of the nasal fossæ. In one case wherein the nasal cavity was very capacious, he saw up to the posterior part of the pharyngo-nasal cavity, and upon a cadaver he employed a small mirror, its reflecting surface being turned above and in front, and arranged in the space situated under the inferior turbinate bone, in such a manner as allowed of a clear view of the nasal orifice of the lachrymal canal, which was marked by a hog's bristle, that had been previously introduced.

This sort of exploration has hitherto been neglected as the specula employed have been ill constructed to obtain the desired results. Voltolini employs short polished tubes, ear specula, introduced into the nostrils, and a concave reflector. He has thus succeeded in getting a glimpse of the posterior wall of the pharynx, and the swellings at the mouth of the Eustachian tubes.

I have employed several sorts of specula, but none seem to me to deserve the same commendation as the one devised by Dr. Thudichum, illustrated in the cut, Figs. 8 and 9. He describes it as consisting of two valves

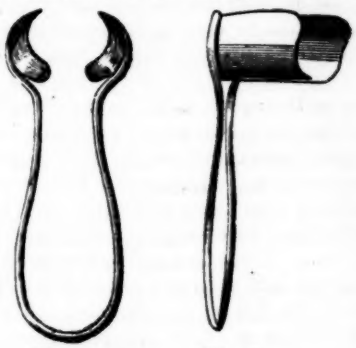

Fig. 8. Fig. 9.

THUDICHUM'S SPECULUM—FRONT AND PROFILE VIEWS.

held together by a spring, and when compressed, form a canal of oval bore, about three-fourths of an inch in length. The valve which expands the ala is from one-quarter of an inch to three-fifths longer than the valve which is placed against the septum. This latter inner valve should never be long enough to reach the sensitive part of the mucous membrane of the septum. It follows from this that each nostril requires its own speculum. As the nostrils of different persons vary greatly in size, different sizes of pairs of specula must be at hand in practice. The speculum is inserted into the nostril while closely compressed; the moment the spring is liberated, the nostril is fully expanded, and if the operator now draws the spring (which serves also as a handle) up-

ward, the cavity of the nose can be fully inspected. The speculum, therefore, is designed exclusively to expand the atrium or membro-cartilaginous part of the nostril; if it were allowed to enter beyond this, and to reach the isthmus formed by the unyielding cartilaginous septum and the nasal margin of the ascending branch of the upper maxillary bone, it would cause pain, and narrows, by its own thickness, this small passage. The new specula cause no pain, widen the atria to the utmost extent, and admit of the introduction through them, into any part of the nose, of instruments for slight, delicate, or severe operations.

IV. MODE OF EXAMINING THE NASO-PHARYNGEAL CAVITY.

We have now, we believe, pointed out sufficiently fully the instruments required in rhinoscopy. The next step will be, therefore, the consideration of how to use them. It must not be thought that posterior rhinal explorations can be effected in every subject, or, that in those upon it can, it may be done with equal facility. There are some persons in whom the space behind the velum is so small that the procedure becomes impossible; the same remark may also be made regarding those possessing a long velum which projects posteriorly over the root of the tongue, and also in those rare cases of palato-paryngeal adhesions. Great and persistent irritability of the throat is a further obstacle which the rhinoscopist has to encounter. I have now a case before me of a lady of nervous temperament, in whom the velum extends well down posteriorly, and when directed to open the mouth widely, the base of the tongue rises and meets it, shutting out of sight completely the posterior pharyngeal wall. The tongue offers great resistance to the spatula, and the moment it is depressed to gain a glympse of the pharynx, the velum immediately contracts strongly, is drawn upwards and backwards against the pharyngeal wall, cutting off all communication between the buccal cavity and posterior nares. No effort on the part of the patient (and she exerts herself with commendable zeal), has as yet enabled her to control, in the slightest degree, the movements of the tongue and palate. Local anesthesia was tried, as recommended by Auzias-Turenne, the solution of bromide of potassium being repeatedly applied to the palate without avail. I did succeed, however, in some measure, in controlling this irritability by the application of chloroform spray, but my exploration still remained unsatisfactory, even under this application.

[To be continued.]

MINNEQUA SPRINGS, BRADFORD COUNTY, PA.

There are many cases, especially of chronic diseases, which are frequently the result of functional disorders of the stomach, in which a sojourn in the usually wild and hilly sections of the country in which our mineral springs are generally found, will prove very beneficial. The good effects resulting, may be partly attributable to a change from the use of soft to that of hard water—but often to positive mineral qualities possessed by these springs.

There are springs in our country, some of them in our own State, which have attained a wide celebrity, and whose locations and constituents are well known. The one that points this article, though long having a local celebrity, dating back, indeed, to the time when the roaming Indian alone was acquainted with its "Healing Waters"—hence, it is said the name *Minnequa*—has, of late, been attracting a wider attention, and is gaining a reputation which is fast becoming national. The following description of the spring is, we believe, chiefly from the pen of Dr. SAMUEL POLLOCK, of Williamsport, in this State, and is worthy the attention of the physician who frequently has occasion to recommend his patients to resort to the use of mineral waters.

It is situated two miles north of the thriving village of Canton—forty-one miles north of Williamsport, and thirty-seven miles south of Elmira, directly on the line of the Northern Central Railroad, which passes from Baltimore through Harrisburg to Elmira, N. Y. Its elevation is 1,445 feet above the sea-level. The hills around it rise in the form of an amphitheatre from the Towanda Valley, the sloping sides of which, covered with fruitful fields and green pastures, present a rich and agreeable landscape.

An analysis of one gallon of this water, by Dr. Gregg, of Elmira, gave the following result:

Chloride of sodium, or common salt,	1,0305
Chloride of potassium,	trace
Carbonate of soda,	1,0913
Carbonate of lime,	7274
Carbonate of magnesia,	1,2729

Oxide of iron and alumina,	3,6976
Sulphate lime,	4949
Sulphur,	1,3386
Organic matter,	7484
Carbonic acid,	1,6973

Here we have in one wine gallon of this water, 12,0890 grains of saline matter, and as it discharges 360 gallons per hour, which contains one-fourth volume of sulphuretted hydrogen gas, it stand pre-eminent as a sulphurous spring.

The carbonic acid gas in this water imparts to it its bright, sparkling effervescing properties, giving it the appearance of a boiling fountain, and its presence is detected by dipping into it litmus paper, which it immediately reddens, though it recovers its original blue color by exposure to the air.

The sulphuretted hydrogen is detected by its strong sulphurous odor, and by its causing black precipitates with solutions of the salts of lead, silver, copper and bismuth. It is needless here to enumerate the methods of detecting the other ingredients of mineral springs, as they can be found in any of the elementary works on chemistry.

The water is cold and clear, and rising to the surface through a pipe from the depth of 28 feet, is received into a wooden reservoir about 2 feet square and two feet deep. The spring is covered, and around it are arranged convenient seats, while a board walk extends from the hotel to the margin of the spring.

Of the different mineral springs whose analyses I have examined, I find that the Minnequa resembles most in its chemical composition the Vichy spring, situated on the right bank of the Allier in the centre of France.

The water of this spring, like that of Vichy, deposits a sediment, which, on examination, is found to consist of the carbonates of lime and magnesia, combined with oxide of iron and alumina.

To facilitate a comparison of these springs I will place side by side the chemical constituents of each:

VICHY.	MINNEQUA.
Chloride Sodium,	Chloride Sodium,
Carbonate Lime,	Carbonate Lime,
do Soda,	do Soda,
do Magnesia,	do Magnesia,
Oxide Iron & Alumina,	Oxide Iron & Alumina,
Sulphate Soda,	Sulphate Lime,
Carbonate Iron.	Sulphur,
	Carbonic Acid,
	Sulphuretted Hyd'gn.

It will be seen that the saline ingredients of these springs possess a striking similarity, with the exception of the sulphuretted hydrogen. This is an important element in the Minnequa Springs, rendering it most serviceable in the treatment of all obscure and chronic skin diseases, in scrofulous ulcers, chronic rheumatism and gout, in affections of the liver, and diseases of the bones, and in all other diseases in which sulphur and its compounds are the proper remedies.

The value of these waters has been best shown in the treatment of chronic cases which have resisted all the efforts of medical skill to relieve. This result need not surprise us, as these springs contain compounds not known to chemistry or pharmacy.

The water of this spring is a cooling and refreshing beverage, sits lightly on the stomach, and is more palatable than the stronger sulphurous waters.

It acts principally upon the digestive, renal and nervous systems, and is admirably adapted to the treatment of dropsical and uterine maladies.

In diseases of the kidneys its influence is most marked, and a distinguished Judge of the United States Court informed me lately that the water of this spring had benefited him more in this respect, than all the remedies prescribed for him by some of the most eminent physicians of this State.

In all disease of the skin, and in old, callous fistulous, ulcers, its use as a bath will be found most advantageous.

It is now the generally received opinion among medical men, from the effect on the kidneys by the use of water from mineral springs, that most of the water drank is taken into the circulation; thus altering the chemical characters of the blood, and restoring the secretions of the organs to their normal condition.

There is, however, one class of cases to which this water is not adapted. In plethoric and inflammatory conditions of the system they are not productive of any benefit until, by judicious medical treatment, that condition is removed.

The place, independent of the benefit that may be derived from the water, affords special attraction. To lovers of nature, and those who desire to spend the summer months free from heat and care of business, Minnequa offers a pleasant retreat. Sportsmen will al-

ways find an abundance of game filling the neighboring woods, and a large variety of fish the adjacent streams.

Persons who desire to use the water, when they cannot conveniently visit the springs, can have it shipped to them, in cases containing four dozen pint bottles, securely corked and packed, at $2 per dozen. Upon the return of the bottles, *to be refilled*, a deduction of 75 cents per dozen will be made.

Inquiries may be addressed to Mr. R. S. DODSON, Superintendent, Minnequa Springs, Bradford county, Pa.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

May 25th, 1870.

Surgical Clinic of

PROF. D. HAYES AGNEW, M. D.

(REPORTED BY DR. DE F. WILLARD.)

Hydrencephalocele.

GENTLEMEN: I bring before you this child, 8 months of age, not only that I may show you a congenital deformity which is somewhat rare, and which is generally considered of an incurable nature, but also that you may have the opportunity of following the progress of the treatment which I intend pursuing in this case.

You will perceive that there is projecting from the posterior aspect of the head of this child, a tumor of the size of a *large orange*, nine inches in circumference. It is of a soft, yielding nature, evidently containing fluid, and is connected to the head by a somewhat narrowed base. The enveloping skin is covered with hair, and there is evidently a communication of the sac with the interior of the cranium through an abnormal opening in the occipital bone.

It is a form of tumor known as hydrencephalocele, or as sometimes called from its analogy to spina-bifida: cephalo-bifida.

In spina-bifida or hydro-rachitis, we have, as you remember, a cleft of the vertebral column with a protrusion of the lining membranes of the spinal cord, which is caused by an arrest of ossification, and is of the same nature with those malformations which originate from a want of union of the two halves of the body during fœtal life, such as hare-lip, etc.

These enlargements are of various sizes, but do not attain a greater magnitude than that of an orange, save in exceptional cases, and they usually contain a thin, limpid fluid, slightly saline, and almost entirely coagulable by heat.

This deformity may take place in either lumbar, dorsal or cervical regions (most frequently in the lumbar, as ossification in the arches of this region occurs last,) and in the case before us we see a similar defect in the occipital bone, in that part developed in membrane.

These tumors, which connect with the interior of the cranium, usually contain simply prolongations of the general membranes of the brain, and are filled with cerebro-spinal fluid, but, in some instances they have been found to be also occupied by brain substance itself, as seen in a still-born infant delivered at the Philadelphia Hospital some three years since, in which case the tumor was larger than the head of the child, connecting with the interior of the skull by an opening in the occipital bone an inch in diameter, and which tumor was filled, not only by membranes and fluid, but also with numerous loops and folds of true brain substance.

These loops had the appearance of ordinary gray matter, and looked precisely as though the ordinary convolutions had been laid out upon a single flat plain, or as a straight cord.

These cases usually survive but a short time, as do those also affected with spina-bifida, yet, a few cases are on record where the age of puberty has been reached, but they are altogether of an exceptional nature.

In regard to treatment, various methods have been adopted, but all promise slight hopes of success. In the case before us, I believe the tumor to contain simply the membranes and fluid, and shall therefore adopt a plan of treatment, which shall have for its object the lessening of the bulk of the tumor by the process of slow strangulation, hoping ultimately, perhaps after many weeks, thus to remove it entirely, and obtain such union of the tissues as to prevent any further protrusion of the cranial contents. For the accomplishment of this purpose, I shall embrace the pedicle with an elastic india-rubber band, which shall constantly exert a gentle pressure, and finally reduce its base to a mere cord, thus interfering with the circulation, and constricting it very gradually at the point of union with the head.

This band will be replaced by shorter ones, from time to time, as the circumference becomes smaller, and thus we may hope at last to completely remove it.

True, this may not succeed; but it offers more reasonable hope of success than any other plan of treatment, and I shall show you the case at various times that you may see the result for yourselves.

Cancer of Penis—Amputation.

The case now presented to your notice is one of epithelial cancer of the penis. The patient is a colored man, 50 years of age, who states that he has never been the subject of venereal disease, but has always suffered from congenital phimosis.

Last autumn he noticed, for the first time, after each connection with his wife, who was at the time dying of phthisis, and whose secretions were all thus vitiated, that he suffered for several hours with a violent smarting pain in the glans beneath an elongated prepuce, which at last became so severe that he refrained entirely from the act.

The difficulty, however, still continued at times, and in October he sought medical advice, at which time the prepuce was first slit up to arrive at the seat of difficulty, and afterward was removed as a whole, hoping thus to arrest the progress of the disease. The parts ulcerated, and the disease constantly progressed, notwithstanding every form of treatment, and I, therefore, feel confident in asserting that this is not chancrous in its character, for I have never seen a chancre which would not, sooner or later, yield to treatment, local and constitutional, as has been had in this case.

From this circumstance, therefore, as well as from the appearance of the ulceration, the odor of its discharge and the steady extension of the disease, I decide that this is carcinoma of the epithelial variety, which is the form usually met with in the penis.

As you perceive, the ulcer now implicates the glans and the whole integument posteriorly to it, and there is a considerable discharge of thin, sanious, offensive pus. The pain is not very severe, but the health is somewhat impaired.

It has been stated by some authors, that phimosis favors the occurrence of this disease. It cannot originate it, but certainly phimosis must exert a baneful influence at all times, by the retention in contact with the glans of all secretions, unless the person be extremely careful in the matter of cleanliness, which unfortunately is not always the case in the class of patients now before you.

Before any operative procedure, the inguinal glands should alway be examined, to ascertain whether they are already implicated, since upon the non-occurrence of this complication depends the propriety of amputation.

In the present case I find them very slightly, if at all enlarged, and therefore recommend this man that he submit to the removal of a portion of the organ, as the best means of prolonging life. The disease may return, it is true, but such an event may not occur for many months, or even years. I find one indurated gland upon the dorsum of the penis, and will remove it at the same time with the organ.

[Prof. A. then proceeded, the skin being slightly retracted, to amputate the organ at its middle third, using a simple bistoury.

Ligatures were applied to the arteries and the skin and urethral mucous membrane were stitched together at a number of points to prevent retraction of the latter.

The catheter was introduced merely during the stitching, but was allowed to remain in position a few hours, Prof. A. remarking that it formed an admirable basis upon which to effect compression, should it be necessitated by hemorrhage. It was, however, to be removed before night, and the patient allowed to pass his water in the usual way.—De F. W.]

Epithelioma of Nose.

I have just shown you an epithelial degeneration upon the penis, and will now exhibit to you a similar form of disease upon a different portion of the body.

The patient, a man, 63 years of age, presents himself with a large and indurated ulcer an inch in diameter, upon the side of the nose, a short distance below the inner canthus of the left eye. He informs us that he first noticed a small scab-like formation about three years since, which became warty in its density, soon ulcerated, and has continued steadily to advance up to the present time, the edges being much indurated, and the discharge offensive. He also complains of severe lancinating pains, at times, and his health is poor.

This ulcer is one of the "epithelioma" of Hannover, or of the "epithelial cancers" of Paget and Schuh.

Virchow records two cases of a disease of the bones, which presented all the anatomical peculiarities of this disease, but I have never seen such a case, and do not know of any others on record.

Epithelioma may appear upon any portion of the body, however, as skin, mucous membrane, or at the junction of both, and although looked upon by many as cancerous in its nature, yet it would seem, at least in many cases to be a local affection, with little tendency to affect the general system, and is slow in implicating the surrounding lymphatic glands.

For the purposes of study, this disease has been divided into three stages: 1st. Hypertrophy; 2d. Hypertrophy with ulceration; 3d. Ulceration with infiltration.

The disease usually commences, as in the case of this man, with an excrescence simply, which, like a common wart, is but an excessive number of epithelial cells which are not compressed, and which are the result of some local irritant increasing the epidermic cell action of the part.

These cells may become glued together, and by their retention cause an inflammation to be set up softening and ulceration follow, and now the irritating exudation will cause an increased number of cells to be formed and pushed on, some toward the surface, and others deflected toward, or even into the surrounding tissues.

This disease in its severe form constitutes the lupus or noli-me-tangere of the older writers, where extensive destruction takes place, and yet life may be prolonged for many years.

The safer plan is therefore to remove any warty growth from the region of the face, lest some irritant may cause it to take on this degenerative action.

When the lymphatic glands enlarge in the neighborhood of the disease, then there is more evidence of a general infection, and it may be too late to save life except for a short time; therefore, the best plan is to remove all the diseased structure before the occurrence of the event, thus taking away all source of irritation, and giving the patient the best possible chance of health.

The ulcer before us is intractable, granulations quickly breaking down, even if they are formed, and I therefore decide to remove all this mass of unhealthy tissue. The easiest and quickest mode of treatment is the knife, and when the disease is upon the lip or portion easily defined, this is the best plan to pursue, the incision being carried well beyond the point of induration, until healthy tissues are reached, thus giving the least possible tendency to a return of the difficulty.

In cases, however, where the ulcer is in the position as seen in the present case, I prefer to use a caustic, and shall choose the one which will best answer our purpose, the Vienna paste, made of quicklime and caustic potassa, especially as it can now be had in the form of sticks, and is thus easy of application. Arsenic is also good, as are sulphate of zinc, and caustic potash; the latter, however, I do not like, since it is so rapid in its action as sometimes to cause hemorrhage.

[The caustic was then applied to the whole surface of the ulcer, the surrounding parts being thoroughly protected by adhesive plaster. Prof. A. remarking that the depth of the slough would depend upon the thickness of the layer of caustic. The slough will come away in a few days, and another application made, if necessary.—De F. W.]

CINCINNATI HOSPITAL.

May, 1870.

Medical Clinic of C. G. Comegys, M. D., member of the staff, and Prof. of Clinical Medicine in Medical College of Ohio.

(Reported by J. W. Hadlock, M. D.)

Tumors of the Brain.

Case 1. John Murphy, æt. 27, Englishman, unmarried, laborer, entered the house April 22, 1869. He has been ill for three months with pain in the head and general debility, so that he has not been able to work much. Has been a steady drinker. Has never had syphilis, but had gonorrhœa once.

Condition on Admission.—He is a man of good form, symmetrical figure, and pale face. His chief complaint is headache, affecting the left base and left frontal region. The left eye is projecting with some divergent strabismus; the orbit, however, could be changed at will into a forward look, but could not be turned to the right. Its sight was preserved, so that he has double vision, or as he says, "one eye fools the other." The pupils are alike, and not dilated. The cornea is healthy; conjunctiva not injected; the lid drops slightly; he cannot open the eye wide.

The only other defect of his exterior is a deep, ugly ulcer at the upper and back part of the scalp. The pulse is slow and full; no fever. Nothing abnormal in structure and functions of heart, liver, or spleen. The tongue is slightly furred; appetite good; bowels costive. He has frequent desire to pass water, attended with some uneasiness; the urine is alkaline with a deposit of triple phosphates. No paralysis of the muscles of the face or extremities, nor want of sensibility. When he walks he stoops and staggers like a drunken man, which he ascribes to his debility. His mind is clear, responding intelligently to all questions, but he is rather slow in his answers.

Diagnosis.—The lesions were at once pronounced cerebral, and I attempted to localize and determine their character *per viam exclusionis*. The clear state of his intellect, and the absence of paralysis of the organs of locomotion, the intact sensibility of the skin, the vision by both eyes, the healthy state of the cornea and its sensibility, the preservation of the sense of taste and sensation in the mouth, and the absence of paralysis of the muscles of mastication, led me to exclude the cerebral lobes, their crura, the striated and thalamic bodies, the tubercula quadrigemina and the fifth pair of nerves. The ptosis of the left lid, divergent strabismus and projection of the left eye, convinced me that the lesion was on the left side of the base of the brain, involving the third nerve, but whether owing to an adventitious growth or to degeneration of structure, I felt unable to decide. Hoping to resolve this question more satisfactorily, I requested an examination of the retina by Dr. Williams, the occulist, on service, but from some cause my request, though made several times, did not reach him until too late. I made no observation on the functions of the fourth nerve.

The reeling style of walking I attributed mainly to his double vision, and not to any locomotor ataxia; for I have several times had occasion to observe that patients with diplopia without any lesion of the cerebral organs above the third pair, can walk straight, if the weak eye be baudaged, showing that it is often the confusion in the guidance of vision that makes the step unsteady.

Treatment.—I ordered a pill composed of podophyllin ½ gr., comp. ext. colocynth 1¾ grs., ext. hy-

osciami 1 gr., every three hours, until bowels are well acted on, and a seton in the neck; beef-tea for diet.

Progress of the Case.—On the 23d (2nd day), found that the bowels had been freely opened, and the patient had slept well; no change of moment in his condition; he walks with the same reel; answered questions intelligently; no fever; pulse 75; appetite moderate.

On the 24th, intelligence is more impaired; does not answer readily; bowels loose; can yet walk; no change in pulse. From this day onward all the unfavorable conditions rapidly developed. The pupil of left eye enlarged and was nearly fixed.

His intelligence failed progressively. He was entirely unconscious on the 27th, with an unintelligible muttering, and with puffing expiration.

On the 28th he laid in profound coma, and died at eleven o'clock P. M.

Autopsy.—Made eight hours after death by Dr. Bartholow (account from post-mortem record). *Brain*—Some slight effusion in superior subarachnoid space; some soft, small tumors found adherent to the parietal layer of the arachnoid over the left parietal protuberance, and the lateral surface of left lobe, and superior and anterior surface of left anterior lobe. A tumor found at the base, springing from posterior clinoid process of sphenoid bone and the internal extremity of the petrous portion of the temporal bone, involving the following parts, viz: the left 3d, 4th, 5th and 6th nerves, impinging upon the left crus cerebri and left lateral portion of the pons. Considerable engorgement of left third nerve, soft at point of origin—decidedly vascular; other organs not examined.

Remarks.—It is greatly to be regretted that my wish for Dr. WILLIAMS to make the examination of the retina did not reach him, for his large experience and perspicuous definitions would have added at least important clinical facts to this history; although it must be said that thus far no conditions of the optic nerve, retina, or capillary circulation there, has been sufficiently often observed to enable us to say whether, in a given case, structural degeneration, or an adventitious growth exists. It can only be by numerous and careful observations that such a desideratum can be reached.

CASE II. John Rinke, æt. 69, German, widower. Came under my observation Dec., 1869. He had been in the pay ward of the house for two months; but no record whatever was made of his case. I learned that he had been suffering from headache for some time; that three weeks ago he became paralyzed on the right side.

Condition on Admission.—A tall, well-nourished man, with complete hemiplegia on the right side, except the face. Sensation as good on the left side as the right, by the test with compasses; there is swelling, pain, redness, and increased heat in the lower third of the right fore-arm and the wrist, which has an erysipelatous look; the whole arm is œdematous, and also the right leg. There is some pain on pressure below the knee, but no redness. Motion of the eye perfect; complete vision in both; pupils normal; incontinence of feces and urine; pulse slow and full; slight fever; appetite fair; face had a blank expression; intellect dull; loss of speech. He could utter no words to express himself, and could not comprehend printed language. His amnesia of gesture was not so complete. No lesion of respiration; no hypertrophy of the heart.

Diagnosis.—Considering the advanced age of the patient in connection with the hemiplegia and aphasia, it seemed in every way probable that organic changes existed in the left corpus striatum and thalamus, extending into the anterior convolution of the cerebrum of the same side.

Treatment.—1-70 of a grain of strychnia, to be given hypodermically once a day; good diet; local applications to the wrist.

Progress of the Case.—He evidently grew better, particularly in his power to move the right leg. No motion was ever recovered in right arm, but the pain, redness and swelling of the arm abated, particularly after being placed on an incline; the œdema of the right leg disappeared.

What was also very noteworthy, was the recovery to a great extent of speech, and an ability to read. The whole expression of his countenance changed from the noted dullness to a pleasing and intelligent look. In January he began to grow worse; all of the first observed symptoms revived. He died February 7th.

Autopsy.—By Dr. WM. CARSON (From post mortem record, Feb. 7.)—Rigor mortis marked; brain section of scalp pale, dry. A cyst in left side of the posterior lobe of the right hemisphere; a second cyst on the right side of the posterior lobe of the left hemisphere at a point a little anterior to that on the opposite side; a third cyst in the middle lobe enveloped in one of the sulci; a fourth cyst situated in the *right* thalamus opticus, projecting into the lateral ventricle of that side; a fifth cyst in the floor of the fourth ventricle. On section of the left thalamus opticus a part was found marked by cicatricial tissue.

Remainder of brain and membranes healthy; microscopical examination of one of the cysts revealed numerous small highly refractile globules; the field filled with granular matter and occasional exudation corpuscles. The wall very thin and transparent. White body in the wall, fatty.

Remarks.—Here I was greatly at fault in diagnosis. The left corpus, the island of Reil, and the whole left anterior portion of the cerebrum were healthy

in appearance; but there was evidence of some loss of structure in the left thalamus.

Three inconsiderable cysts occupied posterior positions on the cerebrum, but a large one was developed in the right thalamus opticus, a small one also in the floor of the fourth ventricle.

From the size of the cysts in all the positions, except that in the body of the right thalamus, and their yielding and unirritating structure, we might infer that they would produce inconsiderable external phenomena; but the large one should have given rise to marked symptoms of altered sensation and motion of the body. These, indeed, he had, but on the *same side* as the large structural lesion, which could hardly have been expected.

The sensations of the right (and not of the left side) were exalted, about the wrist where the symptoms were erysipelatous in character. It will be recollected that the paralysis of the right leg greatly improved; but not of the right arm.

The positive hemiplegia of the right side can only be explained by the structural lesion tissue of the left thalamus. The lesion was quite limited, but we know how inconsiderable losses of structure may cause extension of voluntary function.

The tumors at first presented the appearance of cysticerci, but Dr. CARSON determined, after a more careful examination, that they were not.

(To be continued.)

PHILADELPHIA HOSPITAL.

June 1st, 1870.

BY F. F. MAURY, M. D.

One of the Surgeons to the Philadelphia Hospital—Lecturer on Cutaneous and Venereal Diseases in the Jefferson Medical College, etc., etc.

(REPORTED BY RALPH M. TOWNSEND, M. D.)

Specific Eczema.

GENTLEMEN: The woman before you is an inmate of the venereal ward, in consequence of an eruption, part of which is visible on her face. Had you seen her, however, two weeks ago, you would hardly recognize her to-day. Her face and scalp were filled with vesicles which would discharge a lactescent fluid on being ruptured. This is a specific eruption, eczema or moist herpes. It is a lazy and indolent affection and therefore difficult to cure. The whole body may be the seat of this eruption, and yet there be but little, if any, constitutional involvement. Now you may ask me, how do you distinguish between a case of simple or non-specific, and one of specific eczema.

1st. By the history of the case.

2d. By the locality of the eruption.

In non-specific eczema the eruption is scattered broadcast over the body, having no particular point of election. Specific eczema, on the contrary, manifests itself about the articulations and lastly on the face, the body and middle run of the limbs being almost exempt. Now I have not examined this woman's body at all, yet I pronounce the case one of a specific nature, and to confirm my diagnosis will ask the patient to let me see her legs and arms. The result is as I predicted. You see the elbow, wrist, knee, and ankle joints, are the seat of an eruption similar to that which we find upon this woman's face and scalp.

Futhermore, in an adult we rarely have non-specific eczema of the face and scalp, though such a condition is common in children. In specific eczema the eruption shows continuous involvment within all its outer boundary, but in non-specific eczema we have intervening healthy spots. The watery exudation from specific is not so great as in non-specific eczema.

Treatment.—Cut the hair close, but do not shave it, so that the scalp may be properly cleansed and medicated. Address your treatment to the constitution as well as to the locality of the eruption. Bazin says, in non-specific eczema the digestive apparatus is at fault. When I first saw this woman she was broken down and cachectic, and I gave her of the tincture of the chloride of iron 25 drops, Fowler's solution of arsenic 8 drops, and the 1-12 of a grain of the ammonio chloride of mercury three times daily. At night the patient applies to the scalp a starch poultice; it softens the parts and puts them in condition to receive medication. In daytime this woman rubs upon her scalp and face an ointment composed of

Ung. zinci oxidi,	℥j.	
Hydrarg. chlor. mit.,	ʒss.	
Maranta,	ʒss.	M.

I have also applied to this eruption the ointment of the iodide of sulphur, one part, to simple cerate, seven parts.

The woman's bowels are maintained in a soluble condition. In her diet we prohibit the use of hot bread, pastry and salt meats.

I next show you the result of an operation performed on a man at my last clinic for internal piles. I ligated them, and the man is now perfectly cured. We kept him in bed for a day or two after the operation, otherwise he has suffered no inconvenience.

Fistula in Ano.

This patient was operated upon at another hospital for an anal fistule, but still complains of great pain in the part, and inability to retain the contents of his bowel. On making an examination, I find a pouch or sac running parallel with the bowel, along the posterior face of the coccyx. In fact, the lower part of the rectum seems dissected out, and hanging in a cavity. This complaint is not only painful and loathsome, but incapacitates the man for all exertion, and keeps him recumbent. I think a proper procedure here would be to take a trochar,

or some similar instrument, and pushing it from within outward, through this sac, introduce a Chassaignac's drainage tube. This would probably cause deep seated granulation to commence, and thus restore the integrity of the parts. I will think more of this operation before performing it, as I am told this man has a tubercular affection, and I do not wish to hasten the softening of the tubercles by incurring additional risk from surgical operation.

Neglected Inflammatory Chancre.

This man, as you see, has his penis destroyed nearly to its root. He is a laborer and unmarried. Drinks occasionally, but not to excess. He contracted a chancre five months ago, and let it run a month without treatment. Then he used a wash for it, but no caustic. The sore was on the point of the glans penis. He has had no eruption, no bubo, no falling out of his hair, and in short no syphilitic symptoms. I take this case to have been one of inflammatory chancre, where ravages have arisen simply from the ignorance and neglect of its possessor. The man has been five months losing his penis, and the course pursued by the sore has been precisely similar to that of a neglected sore in any other part of the body. The man's appearance is not denotive of anything like phagedena, as he is muscular, firm and cheerful looking. We are dressing his penis with potassio-tartrate of iron, one drachm to the ounce of water, and giving him 40 grains of the same remedy, internally, three times daily.

We will also have the part well washed with a solution consisting of a tablespoonful of Labarraque's solution of chlorinated soda to a tumblerful of water.

I now bring before you the man whose testicle I removed three weeks ago, on account of its being the seat of a gummy tubercle, undergoing softening. You remember my form of suture and see that the parts have completely healed. One thing you will notice in this man that happens whenever a kindred operation is performed on the inferior animals, that he has fattened wonderfully since the operation.

Medical Societies.

NORTH-WESTERN OHIO MEDICAL ASSOCIATION.

The regular semi-annual meeting of "The Northwestern Ohio Medical Association" was held at Kenton, O., Thursday, June 2d, 1870, Dr. W. H. Phillips, Senior Vice President, presiding.

Dr. A. W. Munson, in behalf of the Profession and citizens of Kenton, welcomed the Association in a neat and pertinent address.

Drs. Baxter and Krout, Essayists, presented papers—the former on "The Relations of Emotion and Disease," the latter on "Hypodermic Medication." Dr. Hiner presented a volunteer paper on "Meddlesome Midwifery." These papers gave rise to considerable discussion.

Drs. Neff, Ballard and Blachley, were appointed a committee to report at next meeting regarding the matter of publishing the proceedings of the Association in pamphlet form.

Wapakoneta, O., was selected as place for holding next meeting;—time, first Thursday in December, 1870.

Editorial Department.

Periscope.

New Therapeutic Applications of Glycerine.

G. Wm. Semple, M. D., of Hampton, Va., says in the *Medical Bulletin*, according to J. Marion Sims, glycerine applied on a compress of cotton wool to the os and cervix uteri, causes a continuous exosmose of serum. Applied in the same manner to protruding hemorrhoidal tumors, it produces a like effect, and quickly reduces the inflammation and swelling, as I have tested, in numerous cases.

On the 1st of February last, a young gentleman, 23 years old, of delicate constitution, with a narrow chest, who had suffered from a chronic cough for four months, applied for advice. To my surprise no abnormal sounds, either on auscultation or percussion, were detected. On inspection of the throat, the uvula was found elongated, and the whole mucous membrane of the velum palati and pharynx turgid and congested. There was a free muco-purulent expectoration tinged with blood, and it was observed to be drawn back from the nose and hawked up, after the cough. The patient stated that about once in twenty-four hours, after much effort to draw it back from the right nostril, he hawked up something hard, coated with bloody matter, and this he did the same afternoon in my presence. The pellet was found, on examination, to consist of hardened muco-purulent matter mixed with blood, and to be a perfect mould of the antrum, with a projection on it, which entered into the nostril and by which it

was drawn out from the antrum. The odor in the nose was very fœtid and was more disgusting to himself than to others. I was about to order an injection of the nasal cavities with a solution of carbolic acid, when recollecting the property glycerine possesses, of diffusing itself over any surface on which it is applied, a small quantity of glycerine, in which carbolic acid ℥v to f℥j was dissolved, was introduced into the nostril, on the finger. In a few moments the patient said: "I feel the same sensation in my cheek and over the brow as in the nostril," and soon after, "I taste something very sweet on my palate." Satisfied with the experiment, I directed him to use the medicine, in the same way, twice a day, and to use, three or four times a day a gargle of glycerine ℥j, carbolic acid ℥j,—a teaspoonful to a tumbler of water. A copious thin mucous secretion was discharged from the nostril, sometimes tinged with blood; but not another pellet was discharged, the fœtor immediately ceased, and the disease, both of the throat and antrum, were cured within twenty days. The patient stated that the symptoms from which he suffered had immediately followed a severe attack of catarrh, contracted about the 1st of October, which continued with fever, for eight or ten days. Glycerine is so general a solvent, that almost any medicine that may be desired to be used in the treatment of diseases of the nasal cavities may, through its agency, be applied. And though it is not difficult for an intelligent patient himself to inject the nasal cavities, yet this method of applying remedies is much more convenient.

Iodoform Dressings.

The sore is powdered over with pure iodoform, and then completely covered with gummed goldbeater's skin, and again with linen smeared with cerate, or, better still, with narrow strips of diachylon plaster. The dressing need not be removed for four or five days.

This dressing has been employed with success in varicose ulcers, syphilitic rupia, phagedenic chancre, interdigital fissures and mucous patches, and fissures of the anus.

Iodoform, combined with cacao butter, has been used by M. Demarquay in the dressing of cancerous sores. In these cases it acts as a local anæsthetic and disinfectant.

Reviews and Book Notices.

NOTES ON BOOKS.

The Physician's Monitor for 1870, published by W. A. Townsend & Adams, New York city. Price 25 cents; is a pamphlet of thirty pages, containing the code of ethics, list of late medical and scientific publications, directory of drugs, chemicals, etc. It is an advertising journal.

We have received:

The Bedford Mineral Springs, with an analysis of its waters, pp. 12.

Sixty-third Annual Circular of the School of Medicine of the University of Baltimore.

The *Boston Journal of Chemistry* comes to us this month still further enlarged and improved. It has become one of our most valuable publications for the practical physician. We heartily commend it to the notice of our readers. The subscription price is now $1.00 a year. We will furnish it to those only who are new subscribers, at 50 cts. for the first year.

The Academy of Sciences has awarded a prize of the value of about £100 to MM. Paulet and Jules Sarazin for their grand treatise and atlas of surgical anatomy. The award is as honorable to the givers as to the receivers. It is the spontaneous recognition of a work showing more labor and artistic accomplishment than most works published in our time.

BOOK NOTICES.

An Historical and Descriptive Narrative of the Mammoth Cave of Kentucky, including explanations on the causes concerned in its formation its atmospheric conditions, its chemistry, geology, zoology, etc., with full scientific details of the eyeless fishes. By W. Stump Forwood, M. D., member of the American Medical Association, etc. With illustrations. Philadelphia. J. B. Lippincott, & Co., 1870. 1 vol. 8vo., pp. 225, cloth. Price $2.25. For sale at this office.

Those of our readers whose files of the Reporter run back to the year 1867, will be aware of the fact that Dr. Forwood has given a great deal of close study to the many interesting phenomena grouped around that wonder of the New World, the Mammoth Cave. In the volume before us he has placed the results of his investigation in a compact and attractive form, and it will be long before a more complete description of this natural curiosity will be given.

Apart from its value as a guide-book, the work contains many scientific statements of general interest. The description of the fauna of the cave will command the attention of naturalists, and we have read with especial interest the observations on the mummies discovered there, that subject having at one time been treated of by ourselves. In regard to the therapeutic effects of the cave, the author says: "*practically*, we cannot assign any sanative virtues to a residence in the cave."

The work is handsomely printed on fine paper, and is illustrated by a number of full page lithographs from photographic sketches of the interior of the cave.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, JULY 9, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

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☞ Although we made a liberal allowance for new Subscribers from the 1st of January last, our stock of some numbers was exhausted before April, and many were unable to obtain complete files from the commencement of the volumes. *Hence the necessity of an early notification from new subscribers.*

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DECIMAL WEIGHTS AND MEASURES.

While we are no friends of innovation for the mere sake of novelty, we are opposed to the conservatism which advocates what is old merely because it is old. The *laudatores temporis acti* have never done the cause of science much good, and it is by being freely willing to adopt new suggestions which are useful that a nation and a profession advances.

Physicians in this respect have a work before them which they should set about at once. It is the adoption of a better system of weights and measures than now prevails. Nowhere is accuracy more imperatively demanded than in buying and selling medicines, and how cumbersome and inadequate are our present means of ensuring this accuracy?

In the first place, there is the inevitable confusion between troy weight and apothecary weight. How many physicians are perfectly certain when they should write ℥j and 1 oz.? for the two things are quite different. Then there is the confusion of signs, often near enough alike to puzzle expert druggists, the ʒ and the ℥. Again, there is the confusion between weights and measures; ʒj may mean a drachm by weight or a drachm by measure. Probably three physicians out of four constantly neglect the initial f, which indicates the fluid-drachm. As for gtt., "drops," used very generally in this country instead of minims, what sort of accuracy can be expected from such a direction, when we consider the many circumstances which alter the magnitude of a drop of the same preparation.

Is it not time some better plan was introduced?

There *is* a better plan, and that is the metric system. We are glad to see that the English are stirring in the matter. It was discussed at a meeting of the Society of Arts, in London, last May, and some practical suggestions were made. All the speakers, with the exception of two, were in favor of a change. The following resolutions were adopted:—"That the Standard Commissioners, having recommended the abolition of troy weights, this conference is of opinion that all those who now use the same should substitute for them, not the pound avoirdupois, but the kilogramme, with its divisions and multiples, by which another practical step will be made toward the complete adoption of the metric system throughout the British Empire, which, in the opinion of this meeting, is an object of

the highest importance." "That the introduction of a universal system of weights and measures would not be complete without a corresponding system of international coinage, the same being based on a gold standard of the fineness of 9-10ths, with 1-10th alloy; a decimal division, and identical Mint regulations in all countries." Deputies from the British and Foreign School Society moved the following: "That in order to facilitate the speedy introduction of metric weights and measures, and an international coinage, this conference deems it highly desirable that decimal arithmetic, with the specialties of the metric system, should be taught in all the schools in the United Kingdom." We also notice that, according to the *Mémorial Diplomatique*, the Austrian Government has just signified its assent to a proposal of the French Government for an International Commission to assemble in Paris, in order to agree upon a common standard of measurement for all civilized nations. Already 15 European Powers have announced their willingness to take part in the Commission. Even England, which hitherto has been disinclined to depart from old customs, will be represented by the Directors of the Observatories of Greenwich and Oxford. The French Government now only awaits replies from the United States, Brazil, and the South American Republics, previous to calling together the Commission. The proceedings will be directed by the vice-president, General Morin, Director of the Conservatoire des Arts et Métiers, in whose archives is deposited the official standard of the metre recognised in France.

We hope that the United States will not be behindhand in furthering this much needed result; and it particularly behooves our profession to be ready and willing to adopt any more accurate method than that now in vogue.

Notes and Comments.

Contracting for the Doctor's Services.

The Berlin correspondent of the *Manchester Guardian* writes:—"I am reminded, by the beginning of the year, of a practice which prevails throughout Germany, and which is attended by so many advantages that I should like to say a few words respecting it. I allude to the custom of insuring the doctor's bill, or, what comes to the same thing, paying the doctor by contract. All families who do not live from hand to mouth, but are in receipt of something like a regular income, send their physician a certain fee on New Year's eve, or a day of two later, as remuneration for his attention during the previous year. The amount is determined by mutual agreement at the commencement of the engagement, and is estimated with reference to the means of the patient rather than the services he is likely to require."

Weight of Brains.

In the *Journal of Mental Science*, there is an elaborate paper by Dr. Shuman on the "Weight of the Human Brain," and he gives the following interesting table of the brain-weight of fifteen distinguished men:

	Age.	Oz.
1. Cuvier, naturalist,	63	64.5
2. Abercrombie, physician,	64	63
3. Spurzheim, physician,	56	55.06
4. Dirichlet, mathematician,	54	53.6
5. De Morny, statesman and courtier,	50	53.6
6. Daniel Webster, statesman,	70	53.5
7. Campbell, Lord Chancellor,	80	53.5
8. Chalmers, celebrated preacher,	67	53
9. Fuchs, pathologist,	52	52.9
10. Gauss, mathematician,	78	52.6
11. Dupuytren, surgeon,	58	50.7
12. Whewell, philosopher,	71	49
13. Hermann, philologist,	51	47.9
14. Tiedemann, physiologist,	80	44.2
15. Hausmann, mineralogist,	77	43.2
Averages of ten distinguished men,	50-70	54.7
Averages of fifteen distinguished men,	50-80	52.7

The average brain weight, between the ages of 20 and 60, of Scotchmen, is given by Dr. Peacock at 50 ounces.

Easy Mode of Examining the Fauces.

M. Guillaumot states that the throat may easily be examined during the act of yawning, and with much greater ease and convenience to the patient that by the employment of any depressor of the tongue. After two or three trials the yawning can be voluntarily induced; and the practitioner should exhibit to the patient, in his own person, how easily it is brought about. Children readily fall in with the plan.—*Rev. Méd.*, March 19.

Removal.

Mr. Louis V. Helmold one of the oldest Surgical Instrument makers in this city, well known to our readers, has been erecting a building, at No. 127 South 10th Street, directly opposite the Jefferson Medical College. The building is specially adapted to his business, and he has just moved into it.

Corrections.

In No. for June 11, second column, page 501 for *distasteful* read *less distasteful*.

Same No. page 503, for oil of male fern f℥ j. read f℈ j.

Correspondence.

FOREIGN.

LIVERPOOL, June 14, 1870.

EDS. MED. AND SURG. REPORTER:

During a very brief stay in Liverpool I have endeavored to collect some information in regard to its local diseases and hospitals. For most of my facts I am indebted to the kind interest of John Cameron, M. D., M. R. C. P., Hon. Physician of the Southern Hospital etc., and to Dr. James A. Owles, Supt. of the Liverpool Medical Missionary Society.

LOCAL DISEASES.

The ordinary exanthemata are always here, and sometimes prevail epidemically. There are also occasional epidemics of Cholera. Continued fever, in the form of typhus, may be said to be endemic. No intermittent fever is met with here of local origin. Dr. Cameron, in a private and hospital and dispensary practice of over thirty years, has never seen a single case of ague which was not imported. In the hospital to which he is attached, he meets with a good many cases brought from the Baltic, South America, the Coast of Africa and elsewhere, but none from the town of Liverpool itself. In the fens of Lincolnshire and Cambridgeshire, it is endemic, and occasionally an Irish laborer is laid up with it soon after his arrival here from those localities. Excepting these casual cases, it is an unknown affection. The same remark is true of the remittent forms of fever. Excepting among children, the fevers are strictly of the continued type, typhus generally, typhoid less frequently; the latter among the better classes. Relapsing fever, so prevalent in London, is almost unknown here.

HOSPITALS.

The hospitals of Liverpool are supported by subscriptions, donations and legacies, none of them being endowed. Some of the money received is funded, and some spent in current expenses, according to the state of the patients at the time. The money which is funded becomes an endowment only by the option of the trustees, for it rests entirely with them to leave it invested or to take it for current expenses.

The following are the general hospitals: ROYAL INFIRMARY, Crownlow street. (Subscribers of one guinea and upward annually, are entitled to recommend patients, and subscribers of two guineas and upward annually, are entitled to vote for officers. Donations of twenty guineas and upward are trustees for life. Patients with recommendation notes are admitted daily at 12 o'clock, Sundays excepted. Accidents are admitted any hour of the day or night, without recommendation.) ROYAL LUNATIC HOSPITAL, Ashton street, adjoining the Infirmary.

LOCK HOSPITAL. NORTHERN HOSPITAL, great Howard street. SOUTHERN HOSPITAL. This hospital was opened in 1842; it contains 120 beds, and, like the rest, is supported by voluntary contributions.

There are also a number of special hospitals: EYE AND EAR INFIRMARY; (patients attended in 1868, 36,103 times); THE LIVERPOOL HOSPITAL FOR SKIN DISEASES; (exclusively devoted to the treatment of cancerous, scrofulous, syphilitic, and other varieties of skin diseases); LIVERPOOL GENERAL HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST; THE LADIES' CHARITY AND LYING-IN HOSPITAL; (to afford skilled attendance to poor married women confined at their homes, and hospital relief to lying-in women, and in cases of special diseases of females. A dispensary is attached to the hospital); INFIRMARY FOR CHILDREN; (th benefits of this institution are entirely confined to children under 12 years of age. No infectious or contagious diseases are admitted); INSTITUTION FOR THE RECEPTION OF CASES OF INFECTIOUS DISEASES; (cases of fever, small pox, etc., are received at any time on application. This institution is self-supporting.)

DISPENSARIES — MEDICAL CHARITIES — NORTH AND SOUTH.

Proper objects admitted by notes from subscribers. This charity was founded in 1778 for the relief of sickness among the industrious poor, and is supported entirely by voluntary contributions. Its operations embrace the whole of Liverpool. The number of recipients of the benefits of the dispensaries is yearly, nearly 50,000, of whom about 36,500 receive advice and medicines at the institutions, and the remaining 13,000 are visited at their homes and supplied with medicines.

DISPENSARY FOR DISEASES OF THE SKIN.

This charity was opened in 1863 for the gratuitous medical treatment of the poor of Liverpool and surrounding districts afflicted with chronic diseases, including those produced by scrofula, cancer, lupus or other ulcerative maladies of the skin. It is also designed as an institution for the study of this complaint.

DISPENSARY OF THE LIVERPOOL MEDICAL MISSIONARY SOCIETY.

The object of this charity is, to me, an entirely novel one. It is established for the purpose of combining religious instruction with medical advice, to "heal the sick, and say unto them, The Kingdom of God is come nigh unto you." The superintendent, Dr. Jas. A. Owles, is an extraordinary man, enthusiastic, zealous, and very successful in his work, to which he exclusively devotes himself. The institution is managed by a committee. The dispensary,

in every respect, is like an ordinary one, excepting in this, that a religious address of about a quarter of an hour's duration, is delivered each day to the patients assembled. To-day there were nearly two hundred patients present, who, after the religious exercises, were prescribed for one by one. This dispensary has the largest number of patients together at one time of any in Liverpool. A branch has been started here and is working very successfully. A similar institution has been opened in Manchester, and one or two are about to open in London. All these are the offsprings of the Edinburgh Missionary Society, which is the parent association.

MEDICAL SCHOOL.

Liverpool has a medical school, which is connected with the Royal Infirmary. It numbers about fifty students. It is managed like all the private medical schools in England, *i. e.*, supported by the lecturers, who receive the fees and devote a certain portion of them to defray the expenses of the institution, to keep up the museum, etc. It is an excellent provincial school, possessing a very good dissecting room and museum. The present building has been occupied over thirty years, but the school was started forty or fifty years ago.

LOCAL MEDICAL SOCIETIES.

These are two in number, the Northern Medical Society, and the Liverpool Medical Institution. To the one or the other of these most of the physicians of the town belong. Physicians here generally write their prescriptions, only a comparatively few dispensing their own medicines.

RECENT THERAPEUTICS.

Hypodermic injections are used largely and in every form in private and hospital practice. They are found to be particularly valuable in the treatment of the diseases of those patients who cannot or will not take medicines. Dr. CAMERON has employed, with much success, the bromide of potassium subcutaneously in epileptic seizures. He uses five to eight grain doses, repeated *pro re nata*, in a solution of the following strength:

℞. Potassii bromidi, gr. v–viij.
Aquæ destillatæ, gtt. x–xv. M.
For one injection.

The *hydrate of chloral* is extensively employed. Dr. Cameron speaks cautiously of its value, as he does not think it has yet been sufficiently tried to determine its therapeutical merits. Dr. OWLES has administered it in cases of delirium tremens, with good results. The laryngoscope is very generally used for purposes both of diagnosis and therapeusis.

POPULAR INSTRUCTION IN HYGIENE.

I find many evidences here of the attention which is bestowed upon placing in the hands of the laity of clear, practical advice on the care of the health, prepared by eminent medical men. For instance, in the Free Public Library and Reading Room, there are disposed along the walls and against the columns, large framed placards containing rules of simple hygiene, compiled by seven prominent medical men, connected with the principal hospitals in London and Liverpool. Thus placed, these rules are read by very many people, for the reading room is open daily from ten o'clock in the morning until ten at night. The extent to which it is used is shown by the fact that the average number of volumes issued is 2,000 per day. When I visited the room, in the middle of the afternoon, there were about 200 readers seated at the desks. The room will accommodate nearly 600 persons, and it is frequently crowded. I append, as not without interest, a copy of these

Rules of Hygiene.

I. Wash the whole body, once at least in every forty-eight hours, either with cold or slightly warmed water, and rub thoroughly dry with a very rough towel.

II. Eat your food *slowly* and chew it well, and sit still at least ten minutes after every meal; so may you hope to preserve both your teeth and your digestion. Beware of drinking any *very* hot fluids; tea and coffee should stand till tolerably cool. After fatigue and long fasts hot fluids, only not *too* hot, are valuable, and a few mouthfuls taken, in such cases, before beginning to eat, are very proper, especially for elderly people.

III. Turn all your clothes (particularly those which you wear next to your skin) inside out before you go to bed, and hang them up to air above the level of your head.

If possible, have two suits of clothes, and wear them on alternate days, folding up carefully those not in use after they are aired.

IV. Be sure to secure fresh air in your bedroom during the night.

V. If you have no ventilator in the window, or ceiling, or roof, or over the door, then leave the window from half an inch to two or three inches open during the night. Of course take care that there be no strong draft blowing in upon you during the night; but anything is better than converting your bedroom into a black-hole of Calcutta. Boring four or five tolerably large holes, an inch or so in diameter, through the *bottom* of your bedroom door will go a long way toward keeping the atmosphere sweet during the night. If you can, provide some means of escape for the foul air by a small aperture through the ceiling.

VI. Eschew, if you care for your teeth, all sweets, tarts, pastry, and confectionary, and also much sugar.

VII. Never sit down to breakfast without first going out into the open air for at least *three* or *four* minutes. Make your walks longer or shorter, according to your health and strength.

VIII. Open your bed entirely, lifting the sheet and blanket on which you have been lying, so as to let the air get underneath; and leave the window open, top and bottom, when you quit your bedroom in the morning.

IX. Do not eat more than *four* good meals a day; the chances are that you will find your appetite and

digestion benefited by taking only three, and, perhaps even only two, hearty meals a day. Most especially avoid eating and drinking between meals.

X. Do not miss any chance of learning to *ride*, to *swim*, to *fence*, to *play single-stick*, to *play cricket*, and *foot-ball*, to *row*, and to *spar*.

XI. Get, if you can, a plunge bath (a cold salt-water bath is best), the first thing in the morning, twice or thrice a week.

XII. Do not plaster down your hair with hog's lard, falsely called "pomatum," "pomade," or "bear's grease;" the hair is meant to assist in carrying off perspiration, and should not be clogged with grease. No appreciable mischief results from *oiling* the hair, if you like to do so; nor does sweet oil do any harm to any part of the body, if you like to use it, by rubbing it into the skin before a fire, but on the contrary good, as it renders the limbs supple and more capable of strong muscular exertion. Animal oils are better and less drying than vegetable ones, such as olive oil and cocoa nut oil, for either skin or hair, and perhaps marrow oil is the best of all. The best sweet salad oil does no harm to any part of the body, but, on the contrary, good.

XIII. Brush your teeth the last thing every night before going to bed, and comb and brush your hair the wrong way, or any way but the right way, so as to let the air in upon your head.

Rinse out the mouth after every meal.

XIV. If you have a flesh brush, use it once a day. The best time is at night. If not, polish your skin with a rough towel before you go to bed.

XV. If you dine out, avoid drinking more than one kind of wine; as a rule, after dinner, drink no wine, but take instead, half an hour afterwards, a cup of good strong black coffee without milk or sugar, except, perhaps, with the smallest bit of this last. Take nothing after this the same night, if it be a late dinner you have had.

It is best neither to take your "café noir" (small cup of black coffee) nor to smoke tobacco till at least half an hour after meals.

XVI. If you are troubled with cold feet at night, use plenty of friction (or rubbing), before getting into bed; and if that does not answer, then sponge them with cold water, and, when drying them, rub the toes and ankles upward, and not downward. In case this plan fails, as it does sometimes, and the feet remain still deadly cold, then try putting them in a mustard foot-bath before stepping into bed, and put on a pair of thick dry woollen socks directly afterward. The socks can be removed as soon as the feet are warm.

XVII. If you are troubled with costiveness or constipation, try taking the best Scotch oatmeal porridge (only let it be long and thoroughly boiled), every other morning for breakfast. Use salt and milk, according to taste, and take it, either with or without the addition of treacle, as you find it best agrees with you. Eat brown bread (that is, bread made of whole ground wheat) and butter.

A glass of cold fresh water taken when you first get out of bed, followed by a run or walk before breakfast, has often an excellent effect in removing heartburn, and in moving the bowels gently, particularly when at sea. Costiveness is a common complaint of landsmen during a sea voyage, and a glass of cold water taken then, an hour before breakfast, frequently saves resorting to the ship's medicine chest.

XVIII. Eschew all hot and heavy suppers, unless you wish for an attack of nightmare, and avoid all suppers, as a rule, unless dinner has been taken early. A so-called "severe tea" late at night, is usually unwholesome. Never go to bed, if you can help it, with an entirely "empty stomach." This is often a cause of "insomnia" or sleeplessness, especially in elderly persons. By an "empty stomach" I mean, when a fast of five or six hours has been observed, and the last meal was not a substantial one. A tablespoonful of Hollands, or so, in half a tumblerful of cold water, is very excellent for old people at bed-time, and some plain unleavened biscuit may be eaten at the same time. If you are troubled with a so-called "sour stomach," or heartburn at bed-time, or are in the habit of grinding your teeth when asleep, try eating a bit of stewed French apple (sold at the grocers under the name of "dried Normandy pippins") just before going to bed, or a stewed prune. Do not get into the habit of taking carbonate of soda in water, for heartburn; for its constant use may prove very injurious to the stomach.

XIX. If you have any one ill with fever, or any infectious disease in the house, do not visit him the first thing in the morning, on an empty stomach; but take a mouthful of good coffee or tea and a crust of bread before entering his bedroom.

XX. If you are troubled with sleeplessness, rise early and get a good walk, or better still, a good ride, if you can afford to keep a horse, before breakfast; sponge the whole body before going to bed, and rub dry with a Turkish towel; use the dumb bells or any other gymnastic exercise, and jump into bed warm, and banish unpleasant thoughts. Do not smoke strong tobacco the last thing at night and adopt a warm, red flannel shirt, instead of a, cold cotton or linen one.

XXI. Look sharp after all drains, middens, privies, and cesspools, connected with your house, if you wish to keep out infection, or any low fever of the typhoid class. Take care to keep them in good repair and working order, and flush all sewers and drains now and then with oceans of water. In a dry season pour a pailful or two of water, with about a quarter of a pint of carbolic acid (sold at all chemists as a disinfectant) in it, into all your drains, and cesspools, and middens, every other day, at least, to take away any bad smell. If you cannot get carbolic acid, use chloride of lime, Burnett's disinfecting fluid, or something of the same sort. Any way, get rid of foul smells in your house somehow. To purify a room, pour a wine-glass or so full of vinegar on a pan of red-hot cinders, and let the vapor from it fill the room; then open windows and door. As a rule, fill your washhand basin with water *over night*, against next morning, and do not neglect at all times to put half a pint, or so, of water into each chamber utensil, or night stool, in a bed-room. You cannot be too cleanly or airy in a bed-room; banish all carpets, and see that no dirty clothes are left under the bed, and no slop-left unemptied. Keep all dirty clothes' bags anywhere you like, only *not* in a bed-room.

XXII. *How to wash yourself in the morning.*—Fill your basin over night, and, unless you take a plunge-bath or shower-bath, as soon as you rise, commence by putting your face deep into the basin; open and shut your eyes two or three times, looking at the bottom of the basin. Take your sponge full of water, and sponge neck and back of the head thoroughly.

I advocate washing the whole head with water. Then turn the whole head on one side, in turns, *and fill each ear with cold water*, shake the head, and the water will run out.

Others, medical men of great experience in aural

surgery, say, "*do not pour water*, either cold or lukewarm, *habitually* into the ears; the hearing may be impaired by the practice, as the tympanic membrane is most delicate. The wet end of a towel or silk handkerchief is all that is sufficient." For my own part, I prefer immersing the whole head, while washing and letting water run into both ears, while the head is in the basin or else, after washing or sponging the face and eyes, if the basin be not big enough and deep enough to admit the whole head beneath water, then by turning the head first on one side, and then on the other in the basin, to admit the water in the ears, which comes to much the same thing; but is not quite so refreshing.

Then sponge the chest and small of the back, and underneath the arm-pits; this is the least you ought to do. (I advocate sponging the whole body, and that both night *and* morning.) The very least you can do with any attention to cleanliness or health, is to sponge face, chest, and back with water, and dry-rub the rest of the body, every morning, if not evening. Eschew the ridiculous practice of standing half naked, soaking and washing your hands for half an hour, the sole notion a boy has of washing himself. If you use a tooth brush night and morning, as you should do, it cannot be too soft. Hard brushes make the gums flee from the teeth, and produce premature decay, by causing the soft bone of the tooth to be exposed to the air, beyond the part of the tooth protected by the enamel.

For a thorough wash of the hands, use warm water; let it be rain, not hard or spring water; and before you begin soaping them, steep them well in the water for a minute or two, rubbing them the while, till the water has penetrated well into the pores; then use soap and a nail brush *ad libitum*. End by holding your hands under a tap, if you have one, of cold water, and "give them a shower-bath," so to say; it is very refreshing and strengthening to the fingers. If you have no tap, just dip them into cold water, and rub them dry as quick as you can. Miss Nightingale, in her most useful "Notes upon Nursing," recommends as even more effectual, holding them for a few minutes over a jug of hot water, so as to let the steam thoroughly penetrate the seams and pores of the skin, before commencing to soap them. But this requires time.

Following these rules are a number of plain hints and remedies for the treatment of common accidents and diseases.

GEO. H. NAPHEYS, M. D.

NEWS AND MISCELLANY.

——The Grand Duke of Russia, on attaining his twenty-fifth year, has resolved to celebrate the event by an act of charity and munificence. He has, therefore, subscribed the sum of 70,000 roubles toward the foundation in St. Petersburg of a hospital for lunatics and incurables, and has further endowed the same hospital with an annual sum of 20,000 roubles.

——Dr. Tedesko, one of the most noted homeopathic physicians of Vienna, is deceased.

——M. Paul Bert has been experimenting on the etiolation of animals and plants. He finds that this phenomenon is due to the absence of the blue and violet rays of the spectrum.

——M. le docteur Chauffard has been appointed professor of general pathology in the Faculty of Medicine of Paris.

——The Hospital Beaujon, at Paris, has erected tents in the garden attached for the accommodation of patients undergoing serious operations. The much greater success of field operations over those in civil practice has led to this experiment.

——Tardieu recommenced his lectures without any special row, but a strong party is at work in Paris to institute a medical school not under government influence. As all the hospitals are controlled by the government, the scheme is not likely to succeed.

MARRIED.

BOARDMAN—SMITH. At the residence of the bride's sister, Mrs. F. B. Welles, June 16, by Rev. Joel Jewell, Irving R. L. Boardman, M. D., and Sophie Lyman Smith, all of Columbia, Pa.

LAW—CLARKSON. In Millerton, N. Y., June 9th, by Rev. R. Hunt, Mr. Charles D. Law, of Penn'a, and Miss Josephine, eldest daughter of Dr. F. V. Clarkson, of Millerton.

McDOWELL—THACHER. June 14, by Rev. D. D. Cunningham, assisted by Rev. W. M. Rice, D. D., Francis Buck DeDowell, M. D., and Miss Eunice W. R. Thacher, both of Philadelphia.

RICHARDS—VAN SYCKLE. June 2d, by Rev. John Burrows, assisted by Rev. P. O. Studdiford, D. D., John C. Richards, M. D., of Lock Haven, Pa., and Miss Carrie Van Syckle, of Milford, New Jersey.

SAVEY—BELCHER. June 15th, by Rev. A. H. Seeley, Mr. Wm. E. Savey and Sarah Louise, youngest daughter of Dr. Wm. N. Belcher, of New York.

WALTON—YOUNG. June 16th, at the residence of the bride's mother, Pittsburgh, by Rev. J. H. Young, George E. Walton, M. D., of Cincinnati and Marion, daughter of the late Wm. Young.

DIED.

BETTON—In this city, near Chestnut Hill, June 24th, J. A. Duncan, son of Dr. T. F. and Olivia Betton, aged 16 months.

LYMAN—In Royalton, Vt., June 19, Dr. D. L. Lyman, aged 66 years.

METEOROLOGY.

JUNE.	13,	14,	15,	16,	17,	18,	19.
Wind.....	S. E. Cl'dy	S. W. Clear	S. W. Clear	S. W. Clear	W. Clear	S. W. Clear	W. Clear
Weather.				Sho'r			
Depth Rain				5-10			
Thermom....							
Minimum..	62°	68°	64°	63°	64°	64°	70°
At 8, A M.	72	76	76	73	70	75	82
At 12, M...	78	81	85	80	76	83	87
At 3, P. M.	81	81	84	81	78	85	88
Mean.....	73.25	76.50	77.25	74.75	72.	76.75	81.75
Barometer..							
At 12, M...	30.2	30.1	30.1	30.1	30.1	30.1	30.2

Germantown, Pa. B. J. LEEDOM.